### **Application Data Sheet**

#### **Application Information**

Application number:: n/a

Filing Date:: 10/31/01
Application Type:: Regular
Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Patient Scheduling Techniques For An

Implantable Medical Device

Attorney Docket Number:: 11738.00046

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

#### **Applicant Information**

City of mailing address::

Applicant Authority Type:: Inventor U.S.A. Primary Citizenship Country:: **Full Capacity** Status:: Given Name:: Jerome T. Middle Name:: Hartlaub Family Name:: Name Suffix:: St. Paul City of Residence:: Minnesota State or Province of Residence:: U.S.A. Country of Residence:: Street of mailing address:: 2133 Erin Court St. Paul City of mailing address:: State or Province of mailing address:: Minnesota Country of mailing address:: U.S.A. Postal or Zip Code of mailing address:: 55112 Applicant Authority Type:: Inventor Primary Citizenship Country:: **Full Capacity** Status:: Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: Country of Residence:: Street of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

#### **Correspondence Information**

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/259,022	12/29/00

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# **Foreign Priority Information**

Application number::	Filing Date::	Priority Claimed::
	Application number::	Application number:: Filing Date::

### **Assignee Information**

Assignee name:: Medtronic, Inc.

Street of mailing address:: 710 Medtronic Parkway

City of mailing address:: Minneapolis

State or Province of mailing address:: Minnesota

Country of mailing address:: U.S.A.

Postal or Zip Code of mailing address:: 55432-5604